

**SUMMARY REPORT DIGEST-
COMPLAINT REGISTER INVESTIGATION NO.:
CHICAGO POLICE DEPARTMENT**

294543

DATE OF REPORT (DAY-MO.-YEAR)

13 January 2004

To be used in all cases that are to be classified as either EXONERATED, UNFOUNDED, NOT SUSTAINED or in SUSTAINED cases where the Disciplinary Recommendation does not exceed FIVE (5) DAYS SUSPENSION.

SUBMIT ORIGINAL AND 3 COPIES IF ASSIGNED TO SAME UNIT AS ACCUSED.
SUBMIT ORIGINAL AND 4 COPIES IF NOT ASSIGNED TO SAME UNIT AS ACCUSED.

TO: SUPERINTENDENT OF POLICE

ATTENTION

☐ ADMINISTRATOR IN CHARGE, OFFICE OF PROFESSIONAL STANDARDS
☒ ASSISTANT DEPUTY SUPERINTENDENT, INTERNAL AFFAIRS DIVISION

FROM-INVESTIGATOR'S NAME		RANK	STAR NO.	SOCIAL SEC. NO.	EMPLOYEE NO.	UNIT ASSIGN.		
Koconis, Peter			Sgt.			121/GIS		
ADDRESS OF INCIDENT		DATE OF INCIDENT		TIME	BEAT OF INCIDENT	LOCATION CODE*		
6900 South Oglesby		7 November 2003		Unknown	495	14		
ACCUSED	NAME		RANK	STAR NO.	SOCIAL SEC. NO.	EMPLOYEE NO.	UNIT ASSIGN.	
	1. None							
	2.							
	SEX/RACE	D.O.B.	DATE OF APPOINTMENT		DUTY STATUS (TIME OF INCIDENT)		PHYS. COND. CODE†	
	1.				<input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY			
	2.				<input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY			
IF APPLICABLE - DATE ARRESTED/INDICTED		CHARGES		COURT BRANCH	DISPOSITION & DATE			
1.								
2.								
COMPLAINANTS	NAME		ADDRESS**	CITY STATE	TELEPHONE	SEX/RACE	D.O.B./AGE	PHYS. COND. CODE†
								01
VICTIMS	NAME		ADDRESS**	CITY STATE	TELEPHONE	SEX/RACE	D.O.B./AGE	PHYS. COND. CODE†
WITNESSES	NAME		ADDRESS**	CITY STATE	TELEPHONE	SEX/RACE	D.O.B./AGE	PHYS. COND. CODE†
	Sgt. Joseph Tandyk #1603		Emp#					01

☐ SEE ATTACHED SHEET FOR ADDITIONAL ACCUSED, COMPLAINANTS, VICTIMS, WITNESSES.

ALLEGATIONS This complaint was received in the Office of Professional Standards on 17 December 2003 via the Bell telephone system from the complainant. The complainant alleges the Police Department failed to notify her that her car was recovered on 17 November 2003 and the vehicle was subsequently destroyed.

I.A.D. LOCATION CODES*

01 Food Sales/Restaurant	11 Public Transportation Veh./Facility
02 Tavern/Liquor Store	12 Park District Property
03 Other Business Establishment	13 Airport
04 Police Building	14 Public Property Other
05 Lockup Facility	15 Other Private Premise
06 Police Maintenance Facility	16 Expressway/Interstate System
07 CPD Automotive Pound Facility	17 Public Way - Other
08 Other Police Property	18 Waterway, Incl. Park District
09 Police Communications System	19 Private Residence
10 Court Room	

I.A.D. PHYSICAL CONDITION CODES†

01 No Visible Injury - Apparently Normal
02 No Visible Injury - Under Influence
03 Injured, Not Hospitalized
04 Injured, Not Hospitalized - Under Influence
05 Injured, Hospitalized
06 Injured, Hospitalized - Under Influence
07 Injured, Refused Medical Aid
08 Injured, Refused Medical Aid - Under Influence
09 Deceased
10 Deceased - Under Influence

** IF CPD MEMBER, LIST RANK, STAR, SOCIAL SECURITY, EMPLOYEE NOS. IN ADDRESS BOX, PAX/BELL IN TELEPHONE BOX.

SUMMARY

Briefly summarize the investigation describing your efforts to prove or disprove the allegation(s). Indicate whether witnesses or evidence support or do not support the allegation(s).
In sustained cases ONLY, copies of the accused member's Summary of Previous Disciplinary Actions and Record of Previous Complimentary History will be included as attachments.

The evidence and information gathered during the course of this investigation indicate that [REDACTED] was recovered by Beat 495 after being involved in a Traffic Accident. The Supplemental Report regarding the recovery indicated the COS office was unable to contact the complainant to inform her of the recovery. This investigation indicates that [REDACTED] never changed her address for her license plates, therefore notifications were sent by the Department of Streets and Sanitation to her Decatur Illinois address and one to the Clark and Division Currency exchange which gave her the Temporary license plates for her vehicle.

[REDACTED] indicates she was never notified but procedures require that after attempting to notify her the Decatur Police are notified and letters are sent to the registered address for the owner of the vehicle. The Police Department initiated the required reports as to the Recovery of the vehicle and the Department of Streets and Sanitation sent letters as required by law. [REDACTED] never responded to any of the correspondence sent to her, as an aside to this investigation it should be noted that the license plates for the vehicle were suspended for lack of insurance.

[REDACTED] the Auto Pounds Section sent the undersigned copies of letters sent to the complainant and the currency exchange. The Department of Streets and Sanitation met the requirements for attempting to notify the complainant and the Police Department is found not to be at fault in this investigation. Letters were sent [REDACTED] exchange on 19 November 2003.

ATTACHMENTS

INVESTIGATIVE REPORTS- SUPPORTING ALLEGATION LIST ATTACHMENT NUMBERS:	INVESTIGATIVE REPORTS- SUPPORTING ACCUSED MEMBER(S) LIST ATTACHMENT NUMBERS:	PHYSICAL EVIDENCE LIST ATTACHMENT NUMBERS:	TOTAL NUMBER OF ATTACHMENTS SUBMITTED WITH THIS FILE:
1 and 4	2,3,and 5 thru 13	0	13

FINDINGS--RECOMMENDATIONS

Summarize the findings and recommendations. Rule violations will be cited by number only. One overall recommendation for Disciplinary Action will be made by the investigator. The recommendation will be for ALL sustained findings; recommendations will NOT be made for each sustained allegation.

Example: 1. Violation noted, no disciplinary action warranted. 2. That the accused member be reprimanded. 3. That the accused member be suspended for days (not to exceed 5 days).

There is no indication of misconduct by any members of the Chicago Police Department, attempts were made to notify the complainant of the status of her vehicle, but her license information was incorrect, her address is in Chicago not in Decatur Illinois.

ALLEGATION1: UNFOUNDED

RECOMMENDATION: There is no penalty warranted.

REVIEWED BY

APR 19 2004

DATE INITIATED (DATE COMPLAINT WAS RECEIVED FOR INVESTIGATION)	2 Jan 2004	DATE COMPLETED (DATE OF THIS REPORT)	13 January 2004	ELAPSED TIME (TOTAL TIME EXPRESSED IN DAYS)	11 Days
Investigator will initiate the Command Channel Review form by completing the Investigator's Section.					

IF NECESSARY, USE AN 8½ x 11" SHEET OF WHITE PAPER TO CONTINUE ANY ITEM.

ATTACHMENTS:

1. Complaint against Department Member.
2. Request for Re-Assignment of Complaint Investigation by Commander Brown.
3. Request for Re-Assignment by Sgt. Tandyk
4. Interview with complainant, [REDACTED]
5. Interview with Auto Pound Manager [REDACTED]
6. Copy of Original Auto Theft Case Report, [REDACTED].
7. Copy of vehicle inquiry and leads reports.
8. Copy of Event History Table.
9. Copy of Event History Table, 17 November 2003
10. Copy of Recovered Vehicle Supplementary Report
11. Request for information from Department of Streets and Sanitation.
12. Copy of Notice of Vehicle Impoundment sent to [REDACTED] atur Illinois.
13. Copy of Notice of Vehicle Impoundment sent to [REDACTED]

Redaction Log

Total Number of Redactions in Document: 15

Redaction Reasons by Page

Page	Reason	Description	Occurrences
1			5
2			6
3			4

Redaction Log

Redaction Reasons by Exemption

Reason	Description	Pages (Count)
		1(5) 2(6) 3(4)

Redaction Log

Total Number of Redactions in Document: 5

Redaction Reasons by Page

Page	Reason	Description	Occurrences
2			4
3			1

Redaction Log

Redaction Reasons by Exemption

Reason	Description	Pages (Count)
		2(4) 3(1)